

NIH TRANSHARE Program Application

Instructions: Bring the following documents to the **NIH Parking Office, Building 31, Room B3B04**: (1) your NIH ID card, (2) a recent earnings and leave statement, (3) your parking permit (the hanger or your FACSCARD), and (4) this form with items 1 through 14 completed. Please type or print.

1. Name-Last Name		First Name	Middle Initial
2. Parking Hanger Permit No. (Write "none," if applicable.)	3. NIH Photo ID No. (Required)		4. Off-Campus Parking Access Card Number (FACSCARD) or Sticker Number (If applicable)
5. Current NIH Pay Plan (check one) <input type="checkbox"/> GS <input type="checkbox"/> GM Other: _____ <input type="checkbox"/> WG <input type="checkbox"/> AD <input type="checkbox"/> _____	6. Current Grade Level	7. Work Phone No.	8. Building and Room -
9. Supervisor's Name		10. Institute, Center, or Division	
11. How do you currently travel to and from work? <input type="checkbox"/> Drive alone _____ days per week <input type="checkbox"/> Vanpool _____ days per week; driver's name: _____ <input type="checkbox"/> Carpool _____ days per week <input type="checkbox"/> Metrorail _____ days per week <input type="checkbox"/> Bus _____ days per week <input type="checkbox"/> Other _____ days per week; indicate mode: _____			
12. Home Address (Street address, apartment no., city, county, state, and zip)		13. Would you like to be considered for the free parking program at Shady Grove or New Carrollton Metro stations? If so, check the appropriate station. <input type="checkbox"/> Shady Grove <input type="checkbox"/> New Carrollton	

14. SIGNATURE AND CERTIFICATION

I certify that: I am employed by the NIH; I will be using TRANSHARE fare for my daily commute to and/or from work; I will not transfer the fare to anyone else; I understand that I must surrender all NIH parking permits and provide all off-campus parking access card (FACSCARD) and/or sticker numbers to participate in the NIH TRANSHARE Program; and to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. A false, fictitious, or fraudulent certification will render me subject to criminal prosecution under U.S. Code, Title 18, Section 1001, civil penalty action providing for administrative recoveries of up to \$5000 per violation, and/or agency disciplinary actions up to and including dismissal.

Applicant's Signature

Date

Privacy Act Statement: Public Law 101-509, title IV--General Provisions, section 629 (1990) authorizes the collection of the information on this form. The primary use is by management and the NIH Parking Office to analyze participation in the NIH TRANSHARE Program. Additional disclosures of the information may be to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. In the event of litigation where the defendant is: (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Department of Justice has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to present an effective defense, provided such disclosure is compatible with the purpose for which the records were collected. Furnishing the information on this form is entirely voluntary; however, failure to do so will result in ineligibility to participate in the NIH TRANSHARE Program.

REPLY FROM DIVISION OF SECURITY OPERATIONS

ACTION TAKEN (SEE ATTACHED FOR FULL EXPLANATION.) <input type="checkbox"/> Conditionally Approved (You MUST sign up as specified) <input type="checkbox"/> Placed on Waiting List (You will be notified if accepted) <input type="checkbox"/> Disapproved. Reason: <input type="checkbox"/> Incomplete application <input type="checkbox"/> Other: _____	Authorized DSO Signature NIH TRANSHARE Commuter Card No.	Date
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